

CITY COUNCIL REPORT



Meeting Date: November 12, 2014
General Plan Element: *Land Use*
General Plan Goal: *Support a diversity of businesses*

ACTION

Hotel/Motel Liquor License Request for Revival Scottsdale 99-LL-2014. To consider forwarding a recommendation of approval to the Arizona Department of Liquor Licenses and Control for a Series 11 (hotel/motel) State liquor license for an existing location and new owner.

OWNER

Revival Scottsdale LLLP

APPLICANT CONTACT

Tricia Anne DeSouza

LOCATION

409 N Scottsdale Rd

BACKGROUND

This request is for a Series 11 (hotel/motel) liquor license. This has been a licensed location since 1986, most recently operating with liquor as Hospitality Inn Scottsdale.

The zoning for this site is Multiple-family Residential (R-5), which allows hotels. This establishment is 94,000 sq. ft. including 3 existing patio areas totaling 2,200 sq. ft.

APPLICANT'S PROPOSAL

The applicant is seeking a favorable recommendation on a Series 11 (hotel/motel) liquor license. This non-transferable, on-sale retail privileges liquor license allows the holder of a hotel/motel license to sell and serve spirituous liquor solely for consumption on the premises of a hotel or motel that has a restaurant where food is served on the premises.

PETITIONS FROM PERSONS IN CLOSE PROXIMITY

The applicant has maintained the required posting notice for the State mandated 20-day period. No petitions or protests pursuant to A.R.S. 4-201.b. were received during the 20 (twenty) day posting period.

OTHER LICENSES & PERMITS

Financial Management

Revenue Collection has reported that the applicant has met City licensing requirements and all fees have been paid.

Spirituosous Liquor Tax Permit # Pending.

Scottsdale Transaction Privilege Sales Tax License # Pending.

IMPACT ANALYSIS

Current Planning Department.

There will not be any significant changes to the floor plan.

Resort Operations.

This owner intends to continue operating this location as a hotel with an ancillary restaurant. Staff finds that the establishment is designed to operate as a hotel with an ancillary restaurant.

Public Safety Division.

Police Department: Recommendation No Opposition

Major life safety issues: None noted.

Code Enforcement: There are no current cases of code violations at this time relevant to the liquor license.

STATE GUIDELINES FOR CONSIDERING AN APPLICATION

A.R.S. Section 4-203.A Granting a License for a New Owner for a Certain Location.

A spirituous liquor license shall be issued only after satisfactory showing of the capability, qualifications and reliability of the applicant.

COUNCIL OPTIONS & STAFF RECOMMENDATION

Council Options

The City Council has the option of recommending approval, denial or no recommendation to the Arizona Department of Liquor Licenses and Control.

Staff Recommendation

The City of Scottsdale staff has conducted a review and advises that the license request meets the criteria imposed for determining the capability, qualifications and reliability of the applicant.

Next Steps

The City Council's recommendation of approval, denial or no recommendation will be forwarded to the Department of Liquor Licenses and Control for their consideration. If the application is approved by the Department of Liquor Licenses and Control, the applicant should receive their license from the State within 105 days of original application.

RESPONSIBLE DEPARTMENT(S)

Teri Gleason, Planning Assistant, tgleason@scottsdaleaz.gov
Planning and Development Services

James Wasson, Lieutenant, Special Assignment, jwasson@scottsdaleaz.gov
Public Safety Division

Raun Keagy, Neighborhood Planning Director, rkeagy@scottsdaleaz.gov
Planning and Development Services

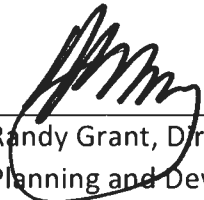
APPROVED BY



Tim Curtis, AICP, Current Planning Director
480-312-4210, tcurtis@scottsdaleaz.gov



Date



Randy Grant, Director
Planning and Development Services
480-312-2664, rgrant@scottsdaleaz.gov



Date

ATTACHMENTS

- #1: Aerial Map
- #2: Close-up Aerial Map
- #3: City of Scottsdale Applicant Questionnaire
- #4: State Application







Liquor License Questionnaire

Restaurants & Bars (Series 11, 12, 6, 3, 7, 13)

Please complete all questions and return within 3 business days.

Name of Business: Jaxon's Bar and Grill

Business Address: 409 N Scottsdale Rd

Total Gross Square Footage of Establishment: 210 rooms 09,000 Sq. Ft., Restaurant 5,000 Sq. Ft., Total building 94,000 Sq. Ft., Total gross/leas 2,220 Sq. Ft.

Was liquor sold at this location prior to this application? ☒ Yes ☐ No

If yes, what type of license? Hotel

Is this business currently open? ☒ Yes ☐ No

If yes, is this business operating with an Interim license? ☒ Yes ☐ No

If no, what is the proposed opening date? _____

Is this business under construction or being remodeled? ☐ Yes ☒ No

Does this business have an existing patio? ☒ Yes ☐ No Dimensions of patio 15x15

Does this business have a proposed patio? ☐ Yes ☐ No Dimensions of patio _____

For Restaurants, Bars and Restaurants/Bars:

Will the bar service area be in excess of 15% of the gross floor area? ☐ Yes* ☒ No

Gross square footage of bar service area: 450 sq ft

(includes the floor area under indoor and outdoor bars and the floor area behind the bars used for storage, prep and serving of food or drinks)

Will the kitchen be less than 15% of the gross floor area? ☐ Yes* ☒ No

Gross square footage of kitchen: 740 sq ft

(do not include refrigerators or areas used for storage of food or beverages)

During what hours will the establishment provide full kitchen service? 6am-10pm

During what hours will the establishment offer liquor sales? 11am-Midnight

Will age verification be required/requested for admittance at any time during business operations? ☐ Yes* ☒ No

Is a cover charge required for admittance at any time during business operations? ☐ Yes* ☒ No

Will less than 40% of gross revenues be derived from the sale of prepared food? ☐ Yes* ☒ No

***May require a Conditional Use Permit**

Please check one of the following that best describes the primary business operation:

☐ packaged retail ☐ restaurant ☐ bar ☐ personal service ☐ education service

☐ manufacturing ☒ hotel / tourist accommodation ☐ residential facility ☐ sports / theater

Planning and Development Services

7447 E. Indian School Road, Suite 105, Scottsdale, AZ 85251 • Phone: 480-312-7000 • Fax: 480-312-7088



Liquor License Questionnaire

Restaurants & Bars (Series 11, 12, 6, 3, 7, 13)

Please complete all questions and return within 3 business days.

Will this business feature any of the following:

Patron Dancing?

☐ Yes* ☒ No

Live Bands?

☐ Yes* ☒ No

Amplified music?

☒ Yes* ☐ No

Adult Entertainment?

☐ Yes* ☒ No

After hours?

☐ Yes* ☒ No

Karaoke?

☒ Yes* ☐ No

DJ?

☐ Yes* ☒ No

Games?

☒ Yes* ☐ No

Four or more pool tables?

☐ Yes* ☒ No

*May require a Conditional Use Permit

Applicant Narrative:

ARS 4-201-G: In all proceedings before the governing body of a city or town, the Board of Supervisors of a County or the Board, the applicant bears the burden of showing that the public convenience requires and that the best interest of the community will be substantially served by the issuance of this license.

1. I have the capability, qualifications and reliability to hold a liquor license because:

I worked in the restaurant industry for 5 years as a host, server, manager, trainer and admin.

The General Manager who runs the day to day business has been working at this particular location as the General Manager for 30 years.

2. The public convenience requires and the best interest of the community will be substantially served by the issuance of the liquor license because:

Guests will be able to eat and drink onsite without leaving the property of the hotel.

3. Please describe your business:

Hotel and Restaurant

The City's forwarding of a recommendation to the AZ Department of Liquor Licenses and Control does not waive and is not a substitute for the Licensee's obligation to comply with all state, local and federal laws, policies and regulations applicable to the license. The Recommendation is not a permit or regulatory approval to hold any events or construct or demolish any improvements. Zoning processes, building permit processes, and similar regulatory requirements may apply to Licensee's contemplated improvements and are completely separate from the Recommendation. Licensee shall be responsible to, separate and apart from this Recommendation, directly obtain all necessary permits and approvals from any and all governmental or other entities including the City's having standing or jurisdiction over the subject areas. For more information regarding zoning processes, building permit processes, and similar regulatory requirements and approvals please call 480-312-2611.

Print Name: Tricia DeSouza

Signature:

Date: 10/15/14

Submit

Planning and Development Services

7447 E. Indian School Road, Suite 105, Scottsdale, AZ 85251 • Phone: 480-312-7000 • Fax: 480-312-7088

Arizona Department of Liquor Licenses and Control
800 West Washington, 5th Floor
Phoenix, Arizona 85007
www.azliquor.gov
602-542-5141

APPLICATION FOR LIQUOR LICENSE
TYPE OR PRINT WITH BLACK INK

99-LL-2014

14 SEP 24 11:49 AM Dept PM1215

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

- ☐ MORE THAN ONE LICENSE
☒ INTERIM PERMIT *Complete Section 5*
☒ NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*
☐ PERSON TRANSFER (Bars & Liquor Stores ONLY)
Complete Sections 2, 3, 4, 11, 13, 15, 16
☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY)
Complete Sections 2, 3, 4, 12, 13, 15, 16
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)
☐ GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

SECTION 2 Type of ownership:

- ☐ J.T.W.R.O.S. *Complete Section 6*
☐ INDIVIDUAL *Complete Section 6*
☒ PARTNERSHIP *Complete Section 6*
☐ CORPORATION *Complete Section 7*
☐ LIMITED LIABILITY CO. *Complete Section 7*
☐ CLUB *Complete Section 8*
☐ GOVERNMENT *Complete Section 10*
☐ TRUST *Complete Section 6*
☐ OTHER (Explain) _____

SECTION 3 Type of license and fees LICENSE #(s): 11

1. Type of License(s): Hotel/Motel

2. Total fees attached:

Department Use Only
\$ 404.00

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

1. Owner/Agent's Name: ☐ Mr. DeSouza Tricia Anne
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: Revival Scottsdale LLLP P1072393
(Exactly as it appears on Articles of Inc. or Articles of Org.) B1053153
3. Business Name: Hospitality Suites Resort to be changed to Revival Scottsdale - Hospitality Suites
(Exactly as it appears on the exterior of premises) B1009515
4. Principal Street Location 409 N. Scottsdale Rd., Scottsdale Maricopa 85257
(Do not use PO Box Number) City County Zip
5. Business Phone 480-949-5115 Daytime Phone 480-540-2469 Email: tricia@triciadesouza.com
6. Is the business located within the incorporated limits of the above city or town? ☒ YES ☐ NO
7. Mailing Address: 15169 N. Scottsdale Rd., #340 Scottsdale AZ 85254
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type 11 \$ 0.00 Type \$

DEPARTMENT USE ONLY

Fees: \$100.00 \$100.00 \$50.00 154.00 404.00
Application Interim Permit Site Inspection Finger Prints \$ 404.00
TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☒ YES ☐ NO

Accepted by: DAW Date: 9/24/14 Lic. # 11077044

SECTION 5 Interim Permit:

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. 11070039
4. Is the license currently in use? ☒ YES ☐ NO If no, how long has it been out of use? _____

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

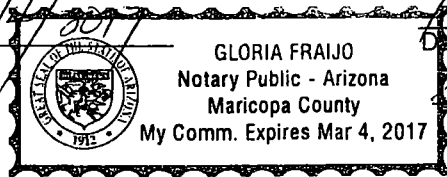
I, James Steven Jackson, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER, MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

State of ARIZONA County of MARICOPA

X [Signature]
(Signature)

The foregoing instrument was acknowledged before me this

My commission expires on: 3/4/2017 Day 18 day of Aug Month 2014 Year



(Signature of NOTARY PUBLIC)

SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City State Zip

Partnership Name: (Only the first partner listed will appear on license) _____

General-Limited	Last	First	Middle	% Owned	Mailing Address	City State Zip
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					

) Y R A S S E C E N F I T

2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☐ NO
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

14 SEP 24 11:47 AM '15

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES
AND CONTROL
ALCOHOLIC BEVERAGE LICENSE

License 11070039

Issue Date: 1/1/1986

Expiration Date: 3/31/2015

Issued To:

JAMES D JACKSON, Agent
HOSPITALITY INN SCOTTSDALE CORP, Owner

Hotel/Motel

Mailing Address:

JAMES D JACKSON
HOSPITALITY INN SCOTTSDALE CORP
HOSPITALITY INN SCOTTSDALE
409 N SCOTTSDALE
SCOTTSDALE, AZ 85257

Location:

HOSPITALITY INN SCOTTSDALE
409 N SCOTTSDALE
SCOTTSDALE, AZ 85257



EXP 3/31/2015

POST THIS LICENSE IN A CONSPICUOUS PLACE

STEFAN 1011 1011 1011 1011

SECTION 5 Interim Permit:

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. _____
4. Is the license currently in use? ☐ YES ☐ NO If no, how long has it been out of use? _____

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

I, _____, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,
(Print full name)
MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

State of _____ County of _____
X _____ The foregoing instrument was acknowledged before me this
(Signature) Day of _____, _____ Year
My commission expires on: _____
(Signature of NOTARY PUBLIC)

SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City State Zip

Partnership Name: (Only the first partner listed will appear on license) Revival Scottsdale, LLLP

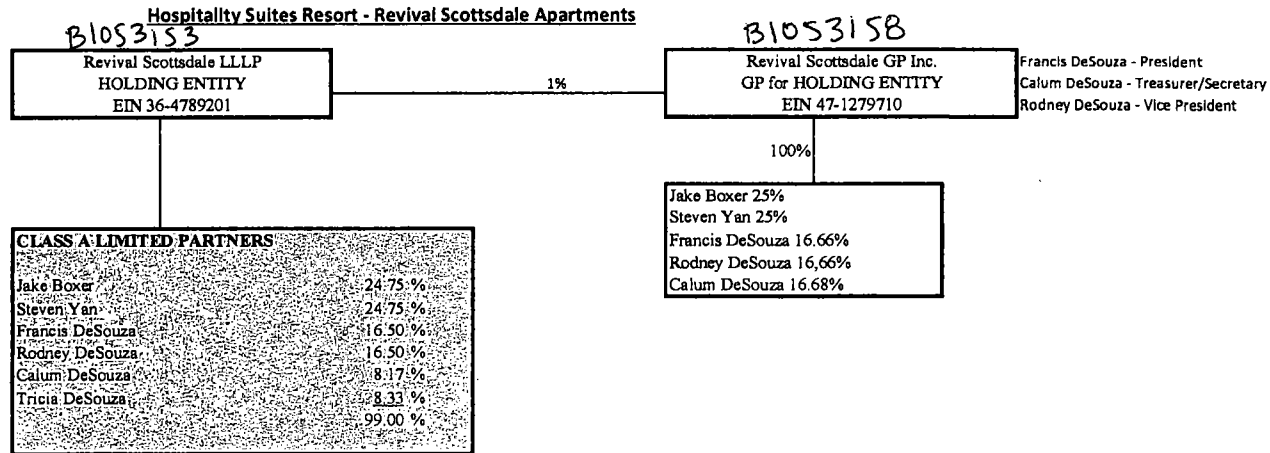
General-Limited	Last	First	Middle	% Owned	Mailing Address	City State Zip
<input type="checkbox"/>	<input type="checkbox"/>	See attached flow chart.				
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					

see additional section 6 for more partners

) Y R A S S E C E N F T

2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☒ NO
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#



Addresses

Jake Boxer: 2000-777 Hornby Street, Vancouver, British Columbia, Canada, V6Z 1S4
 Steven Yan: 2000-777 Hornby Street, Vancouver, British Columbia, Canada, V6Z 1S4
 Francis DeSouza: 5105 Pintlar Mountain Court, Missoula, MT 59803
 Rodney DeSouza: 8171 Yonge Street, #229 Thornhill, Ontario, Canada L3T 2C6
 Calum DeSouza: 15215 N. Kierland Blvd., Suite 315, Scottsdale, AZ 85254
 Tricia DeSouza: 15215 N. Kierland Blvd., Suite 315, Scottsdale, AZ 85254

14 SEP 24 11:47 AM Dept PM12:15

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

- ☐ CORPORATION Complete questions 1, 2, 3, 5, 6, 7, and 8.
☐ L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8.

1. Name of Corporation/L.L.C.: _____
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: _____ State where Incorporated/Organized: _____
3. AZ Corporation Commission File No.: _____ Date authorized to do business in AZ: _____
4. AZ L.L.C. File No.: _____ Date authorized to do business in AZ: _____
5. Is Corp./L.L.C. Non-profit? ☐ YES ☐ NO
6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

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SECTION 8 Club Applicants:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____ Date Chartered: _____
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)
2. Is club non-profit? ☐ YES ☐ NO
3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:

1. Current Licensee's Name: _____
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: _____
Last First Middle
3. License Type: _____ License Number: _____ Date of Last Renewal: _____
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION

SECTION 10 Government: (for cities, towns, or counties only)

1. Governmental Entity: _____
2. Person/designee: _____
Last First Middle Contact Phone Number

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

SECTION 11 Person to Person Transfer.

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

1. Current Licensee's Name: _____ Entity: _____
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: _____
(Exactly as it appears on license)
3. Current Business Name: _____
(Exactly as it appears on license)
4. Physical Street Location of Business: Street _____
City, State, Zip _____
5. License Type: _____ License Number: _____
6. If more than one license to be transferred: License Type: _____ License Number: _____
7. Current Mailing Address: _____
(Other than business) Street _____
City, State, Zip _____
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☐ YES ☐ NO
9. Does the applicant intend to operate the business while this application is pending? ☐ YES ☐ NO If yes, complete Section 5 of this application, attach fee, and current license to this application.
10. I, _____, hereby authorize the department to process this application to transfer the
(print full name)
privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.
- I, _____, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER
(print full name)
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

(Signature of CURRENT LICENSEE)

State of _____ County of _____
The foregoing instrument was acknowledged before me this

Day Month Year

My commission expires on: _____

(Signature of NOTARY PUBLIC)

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SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Business: Name _____
(Exactly as it appears on license) Address _____
2. New Business: Name _____
(Physical Street Location) Address _____
3. License Type: _____ License Number: _____
4. If more than one license to be transferred: License Type: _____ License Number: _____
5. What date do you plan to move? _____ What date do you plan to open? _____

SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02) c) Government license (§ 4-205.03)
b) Hotel/motel license (§ 4-205.01) d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: _____ ft. Name of school _____
Address _____ City, State, Zip _____
2. Distance to nearest church: _____ ft. Name of church _____
Address _____ City, State, Zip _____
3. I am the: ☐ Lessee ☐ Sublessee ☒ Owner ☐ Purchaser (of premises)
4. If the premises is leased give lessors: Name N/A
Address _____ City, State, Zip _____
- 4a. Monthly rental/lease rate \$ N/A What is the remaining length of the lease ____ yrs. ____ mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ N/A or other _____
(give details - attach additional sheet if necessary)
5. What is the total **business** indebtedness for this license/location excluding the lease? \$ NA
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? Hotel Lodging and Restaurant

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SECTION 13 - continued

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
☐ YES ☒ NO If yes, attach explanation.
8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO
9. Is the premises currently licensed with a liquor license? ☒ YES ☐ NO If yes, give license number and licensee's name:

License # 11070039 (exactly as it appears on license) Name Hospitality Inn Scottsdale
James D. Jackson

SECTION 14 Restaurant or hotel/motel license applicants:

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☒ YES ☐ NO
If yes, give the name of licensee, Agent or a company name:
Jackson James D and license #: 11070039
Last First Middle
2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☒ hotel/motel ☐ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

[Signature]
applicant's signature

As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

[Initials]
applicant's initials

SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

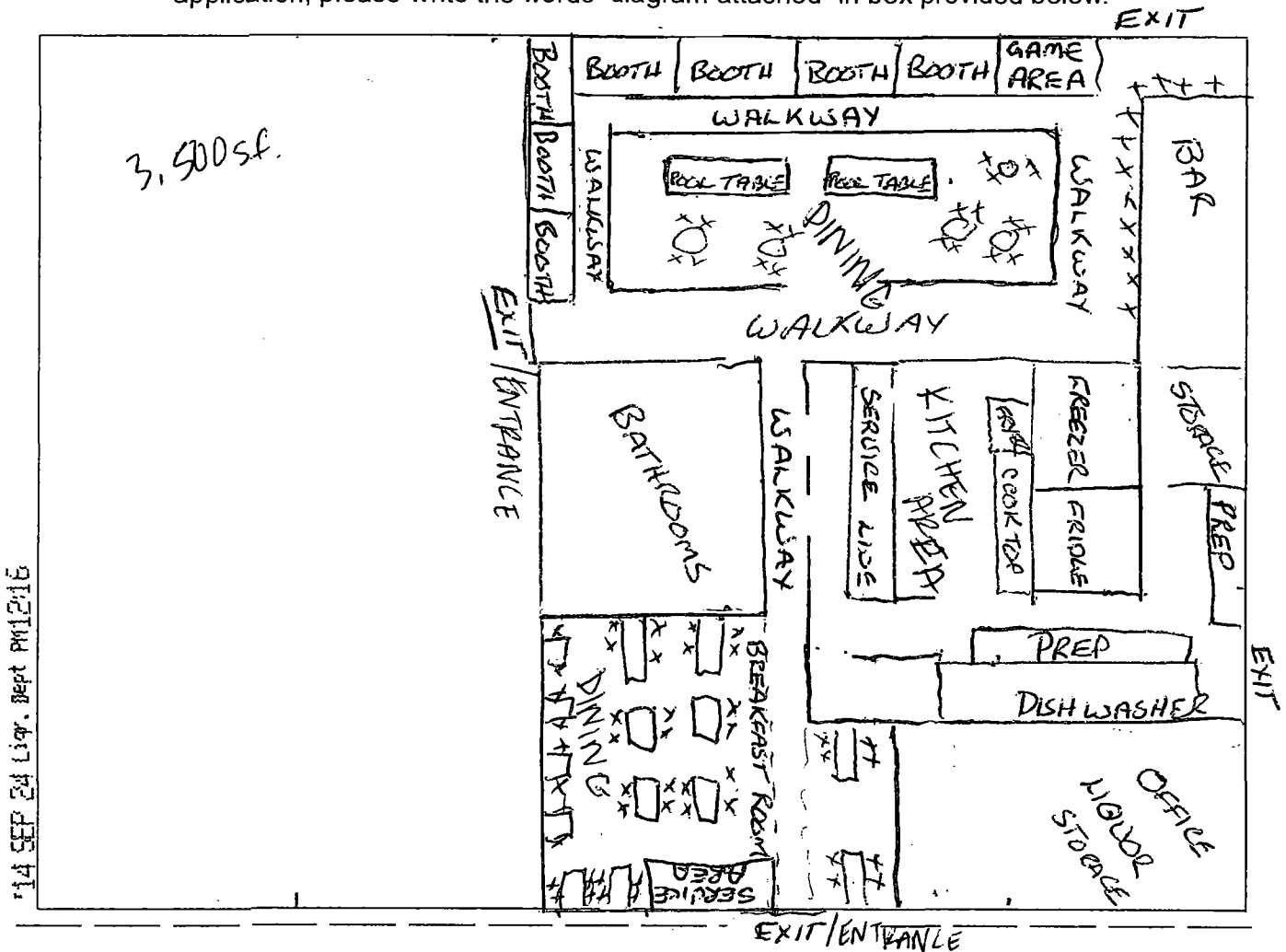
1. Check ALL boxes that apply to your business:
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Entrances/Exits | <input checked="" type="checkbox"/> Liquor storage areas | Patio: <input type="checkbox"/> Contiguous |
| <input type="checkbox"/> Service windows | <input type="checkbox"/> Drive-in windows | <input type="checkbox"/> Non Contiguous |
2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☐ YES ☒ NO
If yes, what is your estimated opening date? _____
month/day/year
3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

[Signature]
applicant's initials

dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.



SECTION 16 Signature Block

I, Tricia Anne DeSanza, hereby declare that I am the OWNER/AGENT filing this
(print full name of applicant)

application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X [Signature]
(signature of applicant listed in Section 4, Question 1)



State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this

28 of August, 2014
Day Month Year

Monica Hollins
signature of NOTARY PUBLIC

My commission expires on: 28 18 15
Day Month Year



HOSPITALITY SUITE RESORT

PARKING

131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150

PARKING



PARKING

PARKING

5	532	531	530	529	5
T	432	431	430	429	T

PING PONG

POOL

POOL

51	528	529
521	522	523
524	525	526
527	528	529
530	531	532
533	534	535
536	537	538
539	540	541
542	543	544
545	546	547
548	549	550

548	549	550	551	552	553	554	555	556	557	558	559	560
561	562	563	564	565	566	567	568	569	570	571	572	573

PARKING

Driveway

Driveway

Walkway

SHUTTLE BUS PICKUP/DROPOFF

Driveway

101	102	103	104	105	106	107	108	109	110
111	112	113	114	115	116	117	118	119	120

121	122	123	124	125	126	127	128	129	130
131	132	133	134	135	136	137	138	139	140

141	142	143	144	145	146	147	148	149	150
151	152	153	154	155	156	157	158	159	160

PARKING

- PT - Picnic Tables
- ST - Stairs
- E - Elevator
- L - Laundry Facilities
- P - Pop Machines

PARKING



Breakfast

6 a.m. - 10 a.m.

Lunch/Dinner

10 a.m. - 10 p.m.

Bar

Sun-Thurs 10 a.m. - Midnight

Fri-Sat 10 a.m. - 2 a.m.

14 SEP 24 1978

Meal Plan	Meal Plan Name	Meal Plan Cost	Menu Price	Food Cost
566963	12 wings	\$1.89	8.99	21.02%
566961	6 hot wings happy hour	\$0.95	3.00	31.67%
566962	6 wings	\$0.95	5.99	15.86%
564187	American style breakfast	\$2.07	6.99	29.61%
505605	AZ Western	\$3.88	8.99	43.16%
505607	Basket of fries	\$0.24	3.99	6.02%
505604	Char Burger	\$2.49	8.99	27.70%
505609	Chicken Fingers	\$2.85	6.99	40.77%
505610	Chips and Salsa	\$0.74	4.99	14.83%
505613	Fried Okra and Dill Chips	\$2.11	6.99	30.19%
505611	Jalapeno Poppers	\$2.36	6.99	33.76%
505612	Mozzarella Sticks	\$2.24	6.99	32.05%
505608	Onion Rings	\$1.43	5.99	23.87%
505606	Pork Chop	\$6.06	16.99	35.67%
505614	Potato Skins	\$2.17	6.99	31.04%
505603	Steak Dinner	\$6.85	19.99	34.27%
524029	Taco Platter	\$2.40	6.99	34.33%

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